

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23356

FILED
Mar 05, 2012
Secretary of State

Entity Name: ORAL AND FACIAL SURGERY CENTER, P.A.

Current Principal Place of Business:

7932 WEST SAND LAKE ROAD, SUITE 109
ORLANDO, FL 32819

New Principal Place of Business:

7932 WEST SAND LAKE ROAD
SUITE 109
ORLANDO, FL 32819

Current Mailing Address:

7932 WEST SAND LAKE ROAD, SUITE 109
ORLANDO, FL 32819

New Mailing Address:

7932 WEST SAND LAKE ROAD
SUITE 109
ORLANDO, FL 32819

FEI Number: 59-3001552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEDFORD, WINSTON G
7932 WEST SAND LAKE ROAD, SUITE 109
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

BEDFORD, WINSTON G
7932 WEST SAND LAKE ROAD
SUITE 109
ORLANDO, FL 32819 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WINSTON G. BEDFORD, D.M.D., M.D.

03/05/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BEDFORD, WINSTON G DMD, MD
Address: 7932 WEST SAND LAKE ROAD, SUITE 109
City-St-Zip: ORLANDO, FL 32819 US

Title: SD
Name: LEVINE, HAL J DMD, MD
Address: 200 WEST OAK STREET
City-St-Zip: KISSIMMEE, FL 34741 US

Title: TD
Name: YDRACH, ARTURO A DMD
Address: 200 WEST OAK STREET
City-St-Zip: KISSIMMEE, FL 34741 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WINSTON G. BEDFORD, D.M.D., M.D.

PD

03/05/2012

Electronic Signature of Signing Officer or Director

Date